

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003433

1. Entity Name

DIVINE LIFE TEMPLE, INC.

Principal Place of Business

1351 DERI STREET
OPA LOCKA FL 33054

Mailing Address

3800 N.W. 194 STREET
MIAMI FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0926715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, MARSHALL
STREET ADDRESS 14621 SW 33RD CT
CITY-ST-ZIP HOLLYWOOD FL 33027 ☐ Delete

TITLE T
NAME GARDNER, BOBBY
STREET ADDRESS 19011 NW 47 CT
CITY-ST-ZIP OPA LOCKA FL 33056 ☐ Delete

TITLE M
NAME DAVIS, LENWOOD
STREET ADDRESS 2271 NW 196 STREET
CITY-ST-ZIP OPA LOCKA FL 33056 ☐ Delete

TITLE SD
NAME BAKER, SATONYA
STREET ADDRESS 1351 DERI STREET
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE D
NAME GREEN, GERTRUDE
STREET ADDRESS 3800 NW 194 STREET
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2001 454-447-6383

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90053 006 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)